

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: BACKBONE-SUBSTITUTED BIFUNCTIONAL DOTA  
LIGANDS, COMPLEXES AND COMPOSITIONS  
THEREOF, AND METHODS OF USING SAME

Attorney Docket Number:: 232522

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name:: W  
Family Name:: BRECHBIEL  
Name Suffix::  
City of Residence:: Annandale  
State or Prov. of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 3404 Monarch Lane

City of mailing address:: Annandale  
State or Province of mailing address:: VA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 22003  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Republic of South Korea  
Status:: Full Capacity  
Given Name:: Hyun-Soon  
Middle Name::  
Family Name:: CHONG  
Name Suffix::  
City of Residence:: Chevy Chase  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 5077 Bradley Blvd., #4

City of mailing address:: Chevy Chase  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20815

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 45733  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number 1:: 45733  
Representative Designation:: Registration Number:: Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/027878	09/05/03
PCT/US2003/027878	An application	60/408,676	09/06/02
	claiming the		
	benefit under 35		
	USC 119(e)		

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::    Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      Government of the United States of America, represented by  
the Secretary, Department of Health and Human Services

Street of mailing address:: Office of Technology Transfer  
6011 Executive Boulevard, Suite 325

City of mailing address::    Rockville

State or Province of  
mailing address::                      MD

Country of mailing  
address::                                      US

Postal or Zip Code of  
mailing address::                      20852